### COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP)
As a below named inventor, I hereby declare that:
TYPE OF DECLARATION
This declaration is of the following type: (check one applicable item below)
original design supplemental
NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.
national stage of PCT
NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.
divisional continuation continuation-in-part (CIP)
INVENTORSHIP IDENTIFICATION
WARNING 16th lands on the state in the Callet State of the Cate habition the

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### TITLE OF INVENTION

SYSTEM AND METHOD FOR DETERMINING NEURONAL
MORPHOLOGY AND EFFECT OF SUBSTANCES THEREON

# SPECIFICATION IDENTIFICATION

the spe	cification of which: (complete (	(a), (b) or (c))		
(a) 🔳	is attached hereto.			
(b) 🗆	was filed onas  So yet known		•	erial No. not
	and was	amended on	(if applicable).	
NOTE:	Amendments filed after the original papers as being referred to in the declaration. According case of a supplemental declaration, are those or claims. See 37 C.F.R. 1.67.	naly, the amondmenta involved	l are those filed with the application p	papars or, in the
(c) D	was described and claimed in l			filed on
	and as amended under	r PCT Article 19 on	(if any).	
A	ACKNOWLEDGMENT OF R	EVIEW OF PAPE	RS AND DUTY OF CAI	NDOR
	nereby state that I have reviewed ication, including the claims, as a			
	acknowledge the duty to disclose C.F.R. §1.56, and	information which is	s material to patentability	as defined
	compliance with this duty there cordance with 37 C.F.R. 1.98.	is attached an inform	ation disclosure statemen	nt in
	PRIORITY	CLAIM (35 U.S.C. §	§119)(a)-(d)	
any for applica below a certifica United	hereby claim foreign priority bene reign application(s) for patent or ation(s) designating at least one c and have also identified below a cate or any PCT international app I States of America filed by me of application(s) of which priority is	inventor's certificate country other than the ny foreign application lication(s) designation the same subject m	or of any PCT internation United States of American(s) for patent or inventoring at least one country of	nal za listed r's her than the
	(	(complete (d) or (e))		
(d) <b>(c)</b>	no such applications have been fill such applications have been fill			
NOTE:	Whore item (c) is entered above and the later enter the details below and make the priority		signated the U.S. itself claimed prior	ity check item (e),

# PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119(a)-(d)

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			☐ YES ☐ NO
			☐ YES ☐ NO

# CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) (35 U.S.C. §119(e))

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLIC	CATION NUMBER	FILING DATE
60/196,080		April 10, 2000
		ED MORE THAN 12 MONTHS HIS U.S. APPLICATION

NOTE:

If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. §120.

### **POWER OF ATTORNEY**

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

PETER G. DILWORTH, Reg. No. 26,450; ROCCO S. BARRESE, Reg. No. 25,253; DAVID M. CARTER, Reg. No. 30,949; PAUL J. FARRELL, Reg. No. 33,494; PETER DELUCA, Reg. No. 32,978; JEFFREY S. STEEN, Reg. No. 32,063; JOSEPH W. SCHMIDT, Reg. No. 36,920; RAYMOND E. FARRELL, Rog. No. 34,816; ADRIAN T. CALDERONE, Reg. No. 31,746; GEORGE M. KAPLAN, Reg. No. 28,375; RUSSELL R. KASSNER, Reg. No. 36,183; CHRISTOPHER G. TRAINOR, Reg. No. 39,517; GEORGE LIKOUREZOS, Reg. No. 40,067; JAMES M. LOEFFLER, Reg. No. 37,873; EDWARD C. MEAGHER, Reg. No. 41,189; MICHAEL P. DILWORTH, Reg. No. 37,311; GLENN D. SMITH, Reg. No. 42,156; MICHAEL E. CARMEN, Reg. No. 43,533, HAROLD G. FURLOW, Reg. No. 43,621; DANIEL E. TIERNEY, Reg. No. 33,461; MICHAEL J. MUSELLA, Reg. No. 39,310; JUDY NAAMAT, Reg. No. 39,311; MICHAEL R. BREW, Reg. No. 43,513; and JAMES J. LILLIE, Reg. No. 46,873, each of them of DILWORTH & BARRESE, LLP, 333 Earle Ovington Boulevard, Uniondale, New York 11553.

SEND CORRESPONDENCE TO:

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)

Jeffrey S. Steen (516) 228-8484

DILWORTH & BARRESE, LLP 333 Earle Ovington Boulevard Uniondale, New York 11553

#### DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

### SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventorW. Bre	nt Lindauist
Inventor's signature 28 June	time
	Country of Citizenship Canada
Residence East Setauket, NY	
Post Office Address 44 Gnarled Hollow Re	oad, East Setauket, NY 11773-2930

Residence Port Jefferson Station, NY

Post Office Address Apt. 4D, 460 Old Town Road, Port Jefferson Station, NY 11776

Full name of third joint inventor, if any Karel Svoboda

Inventor's signature

Country of Citizenship Germany

Date\_ Huntington, NY Residence

Post Office Address 170 Clinton Avenue, Huntington, NY 11743

## CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

Signature for subsequent joint inventors.
Number of pages added

Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor.

Number of pages added \_\_\_\_\_.

Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 C.F.R. §1.47.

Number of pages added \_\_\_

Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application. Number of pages added \_\_\_\_\_.

Authorization of attorney(s) to accept and follow instructions from representative.

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item.

This declaration ends with this page.

Full name of second joint inventor, if anyYing Ying Koh
Inventor's signature
Date Country of Citizenship Hong Kong  Residence Port Jefferson Station, NY
Post Office Address Apt. 4D, 460 Old Town Road, Port Jefferson Station, NY 11776
Full name of third joint inventor, if any Karel Svoboda
Inventor's signature
Date 4/6/6/ Country of Citizenship Germany
Residence Huntington, NY  Post Office Address 170 Cliston August Huntington, NY 11743
Post Office Address 170 Clinton Avenue, Huntington, NY 11743
CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION
Signature for subsequent joint inventors.  Number of pages added
Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor.  Number of pages added
Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 C.F.R. §1.47.  Number of pages added
***
Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.  Number of pages added
Authorization of attorney(s) to accept and follow instructions from representative.  ***
If no further pages form a part of this Declaration then end this Declaration with this page and check the following item.
■ This declaration ends with this page.